

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/20
FORM APPROVE
OMB NO. 0938-031

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445047

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

02/12/2012

NAME OF PROVIDER OR SUPPLIER

IMPERIAL GARDENS HEALTH AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE

306 W DUE WEST AVE
MADISON, TN 37115

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 067
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:
Based on testing during the survey, it was determined the facility failed to maintain the negative air pressure system in the soiled utility areas.

The findings included:

1. On 2/12/12 at 10:45 AM, testing of the exhaust fans in the male and female visitor bathrooms located in the front hall area revealed the exhaust fans were not working.

2. On 2/12/12 at 10:50 AM, testing of the bathroom exhaust fans in resident rooms 201, 202, and 203 revealed the units were not working.

These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit conference on 2/12/12.

K 147
SS=E

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:

K 067

This Plan of Correction affirms our allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of correction has been respectfully developed and submitted as required for compliance with federal and state regulations.

2/21/2012

K-067

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The exhaust fans in the male and female visitor bathrooms (1 and 2 cited) and resident bathrooms 201, 202, and 203 were repaired on 2-21-12 to be in working order.

2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All residents have the potential to benefit from the corrective action. The exhaust fans will be monitored weekly by the maintenance supervisor to assure they work properly. If exhaust fans are found to be malfunctioning, they will be immediately repaired.

3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

A waiting compliance round for preventive maintenance will be conducted monthly and reported to the administrator. If exhaust fans are found to be malfunctioning, they will be immediately repaired.

K 147

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mike Bass

TITLE

Administrator

(X6) DATE

3-1-2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: J2KC21

Facility ID: TN1912

If continuation sheet Page 1 of 2

Mar. 15 2012 11:02AM P 20

Fax No.: 6158650321

From: WANGUARD-IMPERIAL-MANOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445047

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01
B. WING

(X3) DATE SURVEY
COMPLETED

02/12/2012

NAME OF PROVIDER OR SUPPLIER

IMPERIAL GARDENS HEALTH AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE

306 W DUE WEST AVE
MADISON, TN 37115

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SUMMARY STATEMENT OF DEFICIENCIES
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
CORRECTED DATE

K 147 Continued From page 1

Based on observations during the survey, it was determined the facility failed to maintain the electrical system.

The findings included:

1. On 2/12/12 at 10:15 AM, observation within the main office copy room revealed the electrical power strip was hanging.
2. On 2/12/12 at 12:55 PM, observation within the main mechanical room revealed there was a junction box with live wires without any cover plate.

These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit conference on 2/12/12.

K 147

4. How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?
The results from the preventative maintenance compliance round will be reported to the QA committee quarterly for recommendations regarding any trends.

K-147

Cited as 1

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
The power strip was removed from the main office on 02-13-12.

2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
All residents have the potential to benefit from the corrective action.
The maintenance supervisor and/or designer will monitor the office weekly to assure electrical power strips are not dangling.

3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

A weekly preventative maintenance compliance round will be conducted in the office by the maintenance supervisor and/or designer for proper positioning of electrical power strips.

4. How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?
The weekly compliance rounds results will be reported to the Administrator and the results will be presented to the QA committee for review of any trends quarterly.

2/13/2012